2003 UNIFORM BUSINESS REPORT (UBR)

	2000					
DOCUMENT# P0000112632 1. Entity Name RUST CONSULTANT, CORP.				·		
				FILER ST	SECRETARY OF STATE DIVISION OF CORPORATIONS	
RUST CONSULTANT, CORP.			SECRETARY OF CORPOR	ATHIR YE	Ŋ	
				DIAIRING		3
Principal Place of Business	Mailing Address			O3 MAY -7 AM E	3: 42	
•	1020 NE 7TH AVE	#1		US (16)		
FORT LAUDERDALE, FL 33304 FORT LAUDERDA			_ 33304	0 appring		
				***************************************		*
,	3. Mailing Address			249	150.00	
	1500 SE 3RD COURT		4/11/03 90107	047	150.00	
Suite, Apt #, etc.	Suite, Apt. #, etc. SUITE # 111		DO NOT WRITE IN THIS SPACE			
City & State	City & State			4. FEI Number Applied For		
	DEERFIELD BEACH, FL			65-1064237		ot Applicable
Zip Country .	Zip	Count	-	5. Certificate of Status Desired		Additional
	33441	USA	<u> </u>		Fee Req	uired
6. Name and Address of Current Regis	stered Agent		Name	7 Name and Address of Now Register	ed Agent	
FERRUGEM, RONILDO LUIZ				-	· .	
1020 NE 7TH AVE # 1.			Street Addre	ess (P 0 Box Number is Not Acceptable)		WIND THE PROPERTY.
FORT LAUDERDALE, FL 33304		-				
		-	City		Zip Code	
			Ony	F	L	
8. The above named entity submits this statement for the p	ourpose of changing its reg	istered of	ffice or register	red agent, or both, in the State of Florida.		
<i>t</i>						ĺ
SIGNATURE						
Signature, typed or printed name of registered agent and til	tle il applicable. (NOTE	: Registered	Agent signature re	quired when reinstating) DA	1E -	
9. This corporation is eligible to satisfy its Intangible	FILE NOW!!		441 1	10. Election Campaign Financing	\$5.	00 may Be
Tax filing requirement and elects to do so. (See criteria on back)	After May 1, 200 Make Check Payabl					ed to Fees
11. OFFICERS AND DIR	<u> </u>	12.	Par in	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11
TITLE D	☐ Delete	TITLE	P			
NAME FERRUGEM, RONILDO LUIZ		NAME	1		Change	Addition
STREET ADDRESS 1020 NE 7TH AVE # 1			140	ERRUGEM, RONILDO LUIZ	Change	Addition
CITY-ST-ZIP FORT LAUDERDALE, FL 3330		STREE)20 NE 7TH AVE # 1	∐ Change	Addition
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE STATE OF PRINTED SHAME OF SIGNATURE OF SIGNATURE

04/18/02 (561) 305-5055

Date Daytime Phone #